### Career Opportunity

# Department of Labor and Industrial Relations State of Hawaii Executive Branch

VACANCY ANNOUNCEMENT

## UNEMPLOYMENT INSURANCE SPECIALIST III (I & II), SR-20 (16 & 18) Kauai

Recruitment # 09-96
Salary: See position description

Opening Date: February 19, 2010 Closing Date: March 5, 2010

#### RECRUITMENT INFORMATION

Level III (SR-20 - \$3,511), Level II (SR-18 - \$3,249), Level I (SR-16 - \$3,002) per month

#### **DUTIES SUMMARY**

Positions in this occupational field perform professional work involved in the review, examination, adjudication and investigation of claims for unemployment insurance benefits; the continuation of benefits; the resolution of contested claims and benefits disputes; and the determination of coverage. **Level I** serves in a trainee capacity; **Level II** performs a variety of assignments ranging from the simple to moderately difficult, relative to the various State and Federal unemployment insurance benefit programs, **Level III** performs assignments covering the full range of cases relating to the examination and adjudication of unemployment insurance claims.

#### MINIMUM QUALIFICATION REQUIREMENTS

Applicants must meet all the requirements for the position they are seeking as of the date of the application, unless otherwise specified. Please note that unless specifically indicated, the required education and experience may not be gained concurrently.

Your possession of the required amount of experience will not in itself be accepted as proof of qualification for the position. Overall paid or unpaid experience must be of such scope and responsibility as to conclusively demonstrate that you have the ability to perform the duties of the position. Note: Your calculation of experience must be based on full-time, 40-hour work weeks. Part-time experience must be pro-rated. Example: Twelve months of experience at 20 hours/week is equivalent to six months of experience, not one year. Also, hours worked in excess of 40 hours/week will not be credited. Example: Twelve months of experience at 60 hours/week is equivalent to one year of experience, not one and a half years.

#### To qualify, you must meet all of the following requirements:

**Education:** A bachelor's degree from accredited college or university.

Progressively responsible administrative, professional, technical, analytical or investigative work experience may be substituted for education on a year-for-year basis.

**Specialized Experience:** None for **Level II**, six months for **Level III**, and for **Level III**, one and one-half years of professional experience which involved a good understanding and application of unemployment laws, rules and regulations. Such experience may be gained by active participation in the examination and adjudication of unemployment insurance claims, in the investigation of unemployment compensation claims, or in the examination of financial records to insure conformance with Federal or State unemployment insurance laws.

Applicants for Level III must have had one year of experience comparable to the Unemployment Insurance Specialist II in the State service.

## APPLICATION MAY BE OBTAINED FROM: www.hawaii.gov/labor/jobs

or

Department of Labor and Industrial Relations Princess Ruth Keelikolani Building 830 Punchbowl Street, Room 312 Honolulu, Hawaii 96813

Recruitment Hours: Mondays thru Fridays 8:00am – 4:00pm Closed on State Observed Holidays

Submit completed Application and Required Supplemental Questionnaire to Department of Labor and Industrial Relations, 830 Punchbowl Street, Room 312, Honolulu, Hawaii 96813. Mailed applications must be postmarked by midnight of closing date.

UNEMPLOYMENT INSURANCE SPECIALIST III (I & II) SR-20 (SR-16 & 18) – Kauai Supplemental Questionnaire - Submit with Application

#### \*1. REQUIRED SUPPLEMENTAL QUESTIONS

The responses you provide to these Supplemental Questions will be used in combination with your application to determine whether you meet the qualification requirements and/or your final score. Failure to provide detailed and complete information may result in your application being rejected or receiving a lower score. Please **do not** submit a resume in place of completing the Supplemental Questions.

In general, proof of education obtained from and/or submitted through the internet will not be accepted.

Education obtained outside the United States must be comparable to education earned at an accredited school in the United States. We also reserve the right to request further information about your academic program, evidence of comparability, or an original transcript.

To receive credit for substitute, on call or volunteer experience, applicants should submit an official letter of verification. The letter should include the job title, employment dates, number of hours worked, a description of the duties performed, and a contact name and phone number.

Any information you submit may be verified. Supporting documents must be submitted within five working days of the filing of your application.

When applying for this position, I understand that I must thoroughly complete the Education and Work Experience sections of my application and the Supplemental Questions. This includes a detailed description of each position that I feel qualifies me for the job I am seeking.

I have read the above statement and understand that failure to provide sufficient detailed information may result in my application being rejected or my receiving a lower examination score. I also understand that I may not submit resumes in lieu of filling out the application or answering the Supplemental Questions. However, I may attach a resume to the application to provide additional information.

I acknowledge I have read and understand the above information.

#### \*2. JOB LEVELS APPLYING FOR:

Indicate the leve	el(s) for which y	ou wish to be	considered.
Unemploym			
Unemploym	ent Insurance S	Specialist II	
Unemploym	ent Insurance S	Specialist III	

#### **\*3 EDUCATION REQUIREMENT**

Do you p	ossess a	bachelor's	degree 1	from an	accredited	university (	or four-year	college?
$\square_{Yes}$	$\square_{No}$							

If Yes, you must submit a copy of your degree or a copy of an official transcript, identified by job title and recruitment number, as verification.

	Name:	
announcement. For Level III, experience as described in the each experience you would like employers listed should also submit may be verified. Trea information for each employ A. Name of employer, dates of B. Description of this employer state office? What kinds of ben C. What was the primary func responsibilities? In your descrip claims," "assisted clients," etc. D. Did your job involve examin compensation, disability, etc.? spent per week in those types of titles of positions supervised, d	east six months of work experience as describe, do you have at least one and one-half years job announcement? If Yes, use a separate she us to consider and provide the following informate ach change in employer or position syer should include:  feemployment, and your job title.  fr, services provided and clientele served. Was pefits were issued? To whom?  Stion of your position? What were your major position, avoid the use of vague terms such as "	s of work neet to identify ormation. All rmation you separately. The s this a federal or r duties and 'processed g., workers' number of hours ment claims. number and ties.
5. ADDITIONAL INFORMATION Do you have any other informa		ke us to
described in the job posting mu	s transcripts, driver's license, or professional lust be on file with the Department of Labor are our application. Note: You must re-submit sue submitted to the:	nd Industrial
<ol> <li>City &amp; County of Honolu</li> <li>Hawaii State Judiciary;</li> <li>Hawaii Department of E</li> <li>State of Hawaii - Depart</li> </ol> Please select from one of the state	Education; tment of Human Resources Development	
Labor and Industrial Relations.  Supporting documents are	re previously submitted to the State of Hawai	ent of Labor and
*required questions		
Jnemployment Insurance Specialist III (I & II) – Kauai Recruitment Number 09-96		
Print Name	Signature	 Date